

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES**  
**Environmental Laboratory Accreditation Program**  
**1625 Shattuck Avenue, Room 101**  
**Berkeley, CA 94709-1611**  
**(510) 540-2800**

**INSTRUCTIONS FOR COMPLETING THE AMENDMENT APPLICATION**

This application must be used for all requests for amendment of certification. Please be sure to sign your application. Any applications that are not signed will be returned.

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**PART A - LABORATORY INFORMATION**

Please check each box if the information is a change from the current information on file with the Department.

1. ELAP certificate number.
2. This is the name that will be used on the laboratory's certificate and all official communications. Name and division may be combined to form a two-line laboratory name. If this is a new name, provide the former name.
3. If the laboratory is part of a larger organization and you wish the "division" to be shown on your certificate, put the name of the division here.
4. Provide the actual laboratory location with a street address, city and state. (Note: ELAP must be notified within thirty (30) days of any changes in the location of the laboratory, Section 100845(b)(2) of the Health and Safety Code.)
5. The complete U.S. Mail address used for mailing correspondence.
6. The address used for package deliveries.
- 7-10. Self-explanatory
11. For laboratories located in California only.
12. For laboratories that have an NPDES permit or a State Waste Discharge permit issued by a California Regional Water Quality Control Board.
13. The person in charge of all operations for the laboratory and the phone number for this person. (Note: ELAP must be notified within thirty (30) days of any changes in director, Section 100845(d) of the Health and Safety Code.)
14. The person to whom ELAP will contact for certification issue and the phone number for this person. This person can be the same as the Laboratory Director.
15. The person to whom correspondence should be addressed to.
16. The person(s), partnership, or corporation that owns the laboratory. If the laboratory is not privately owned, record the agent's name also. (Note that the certificate is actually issued to the owner even though the laboratory's name is on the certificate. ELAP must be notified within thirty (30) days of any changes in ownership, Section 100845(b)(1), Health and Safety Code.)
17. For mobile laboratories only. A separate application must be submitted for each mobile laboratory. A mobile laboratory cannot be claimed as an auxiliary laboratory facility. Please note that a Field of Testing 23 Mobile Laboratory is an extension of the stationary laboratory, Section 100860(a), Health and Safety Code.

Mobile Laboratory definition: Vehicles, boats, or tow-able trailers designed and equipped for the purposes of transporting and use of laboratory equipment, and the employment of laboratory methods at sites located away from a laboratory's facilities. This definition does not include the vehicles used only for transport of field test equipment to and from the laboratory to a site for the purposes of in situ monitoring.

Eligibility for Field of Testing 23 is determined by the following:

1. The Mobile Laboratory must be under the same ownership as the "Stationary Laboratory". A Stationary Laboratory is defined as a permanent, non-movable laboratory facility.
2. The Stationary Laboratory must hold certification, or be in the process of seeking certification with ELAP.
3. The Mobile Laboratory can employ only **one** (1) Field of Testing.
4. The Field of Testing must be the same as one that either appears on the certificate issued to the Stationary Laboratory, or for which the Stationary Laboratory is seeking certification.

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## PART B - PERSONNEL QUALIFICATIONS

Complete **Part B** for changes in laboratory directors only.

1. The person's complete name.
  2. The person's title.
  3. The period of attendance, accredited college or university, major subject degrees, and year the degree was completed.
  4. List training courses such as manufacturer training courses or technical schools, the time period, subject, certificate and year completed.
  5. List relevant experience in environmental analysis within the last five years. Include the time period, employer and address, job title and a brief description of work (i.e. Analyzed wastewater by AA).
  6. You may elaborate on environmental or non-environmental laboratory experience.
  7. List AWWA and/or CWWPCA laboratory analyst certificate, grade, and expiration date. Certificates may be used in place of required experience for laboratory personnel associated with a publicly owned drinking water or wastewater treatment plant.
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## PART C - FIELDS OF TESTING

Select the Fields of Testing for which the laboratory wishes to amend. **Place an "A" in the brackets for the addition of a Field of Testing. Place an "AM" in the brackets for the addition of methods or analytes in a Field of Testing for which certification is already held. Place an "R" for the reinstatement of methods or analytes decertified based on or due to enforcement actions. Place a "D" in the brackets for deleting all of the Field of Testing. Place an "DM" in the brackets for deleting part of the Field of Testing (methods or analytes).** The laboratory should only select those Fields of Testing for which the competency can be demonstrated at the time of the site visit. Do not check any Fields of Testing for which the laboratory will not be ready at the time of the site visit. The appropriate fee for the added Fields of Testing is due with the application. You will be sent a pre-site visit package after the application has been accepted and a laboratory auditor has been assigned to your laboratory. Information on the analytes, methods and equipment will be requested from you later.

Note: If your laboratory only wishes to drop analytes and/or methods, it may be done by a letter specifying what you wish to drop from your certification.

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## PART D - INVOICE FOR FEES

Claim of Exemption from Fees: California County or City Public Health Laboratories created under Health and Safety Code, Section 10115, or government owned reference laboratories may qualify for the exemption. You must submit written evidence on a separate sheet of paper for the claim of exemption under Sections 100860(a) or (g), Health and Safety Code.

Laboratories must submit all fees with the application, Health and Safety Code, Section 100860(a). The fees consist of the Field of Testing fee for each additional Field of Testing requested. Enter the number of Fields of Testing for which you have coded with an "A", "AM", or "R"; and multiply that number by the dollar amount given to get the Fields of Testing fee. Enclose a check for the entire amount payable to the DHS-ELAP.

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## PART E - QUALITY ASSURANCE MANUAL

A quality assurance manual must be submitted with the application. The laboratory should periodically review its quality assurance program, its implementation and update as necessary.

The quality assurance manual shall include the following elements:

- Laboratory organization and personnel responsibilities
- Quality assurance objectives for measurement of data
- Sampling procedures (when the laboratory performs the sampling)
- Custody, holding, and disposal of samples
- Calibration, procedures and frequency
- Analytical procedures
- Acquisition, reduction, validation and reporting of data
- Internal quality control checks
- Performance and system audits
- Preventive maintenance

Assessment of precision and accuracy  
Corrective action  
Quality assurance reports

Note: Please include an index to assist our auditors in their review of the quality assurance manual.

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## **PART F - OTHER PERTINENT INFORMATION**

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

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## **PART G - APPROVAL FOR SUBMISSION**

The application must be reviewed and approved for submission. The owner and laboratory name are required. It is not a legal application without the signature of the owner or owner's agent and the date. **Your application will be returned if this information is incomplete.**

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## **TRADE SECRETS NOTIFICATION**

Unless specifically designated as such, information in this application or submitted with it, is not considered a trade secret and may be released without review by the Department in accordance with the Public Records Act. Personnel information in part B will not be disclosed outside the Department of Health Services except as in the compliance with the Information Practices Act of 1977.

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